

Case Number:	CM14-0139166		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2012
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male with an original date of injury of June 21, 2012. The mechanism of injury was a fall onto the worker's right hip and leg. The industrial diagnoses include right knee degenerative joint disease and there is a history of right knee arthroscopic surgery. The knee surgery was performed on January 7, 2013 and involved a subtotal medial meniscectomy. The first disputed request is for Ultram extended release 150 mg with a quantity of 30 pills and 2 refills. This was modified to 20 pills with no refills by a utilization review decision. The rationale for this modification was that there was "no documentation of a return to work or other functional improvement attributable to ongoing opioid use." The 2nd disputed request is for ondansetron 4 mg for a quantity of 30. This was noncertified in a utilization review decision because the patient is using an opioid and the Official Disability Guidelines "does not support the use of anti-emetics for opioid induced nausea."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultram ER 150mg #30 X 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

Decision rationale: Ultram is an atypical opioid agonist, and follows the same guidelines as narcotics in terms of the requirements for monitoring for aberrancy, analgesic efficacy, adverse side effects, and functional benefit. A review of the progress notes indicate that the patient's pain score is consistently documented. The patient continues with pain on a visual analog scale of 7 to 8 out of 10 in a note on date of service January 17, 2014. There is no specific commentary on functional benefit in this note. Furthermore, it is unclear whether there has been monitoring for aberrant behaviors. The submitted documentation does not include any queries of the state narcotic database there is also no urine drug screen laboratory results submitted. Generally these are recommended about once every 6 months even in patients who are considered low risk. Given these factors, the request for Ultram ER 150mg #30 X 2 Refills is not medically necessary.

Ondansetron 4mg #30 X 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 12th Edition (web) 2014 Pain, Anti emetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron Entry

Decision rationale: A progress note on January 17, 2014 documents that the patient continues with nausea symptoms. The patient actually writes in the intake questionnaire that it is uncertain whether this is caused by medications. Furthermore, a progress note on January 17, 2014 documents that the patient takes 2 tablets of the 4 mg ondansetron per day and notes that "it does not help with his nausea." Given that it is not well established as to what is causing the nausea, and ondansetron appears not to be benefiting this patient, the request for Ondansetron 4mg #30 X 2 Refills is not medically necessary.